

AND POWER OF ATTORNEY **Original Application** As a below named inventor, I declare that information given herein is true, that I belie and I am the original, first and sole. inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201–203, of the jovention and the control of the contr ntitled: NOVEL FORMS OF 5,5-DIPHENYLHYDANIOIN EXHIBITING ENHANCED AND THE THERAPEUTIC USE THEREOF which is described and claimed in: the specification in application Serial No. (for declaration not accompanying application) the attached specification or that I do not know and do not believe that the same was ever known or used in the United States of America belone my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year frior to this application, or in public use or on sale in the United States of America more than one year/prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application for patent or inventor's certificate on this invention assigns more than twelve months prior to this application and that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States of America except as identified below. FOREIGNAPPLICATION(S), IFANY, FILED WITHIN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION DATE OF FILING CLAIMEDUNDER APPLICATION NUMBER (day, month, year) COUNTRY YES_ NO PRIOR FOREIGN APPLICATIONS FILED NO YES . ALL FOREIGN APPLICATIONS. IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration rumber) DIRECT TELEPHONE CALLS TO: Charles N. Blitzer, Esquire SEND CORRESPONDENCE TO: name and telephone number) INTERx Research Corporation Charles N. Blitzer 2201 West 21st Street 1-913-841-1700 Lawrence, Kansas 66044 MIDDLE NAME FIRST NAME LAST NAME FULL NAME OF INVENTOR Valentino Stella COUNTRY OF CITIZENSHIP RESIDENCE & Kansas Lawrence ZIP CODE CITIZENSHIP STATE OR COUNTRY OST OFFICE ADDRESS 66044 OST OFFICE Kansas 777 Sunset Lawrence ADDRESS IRST NAME LAST NAME FULL NAME в. "Kenneth Sloan COUNTRY OF CITIZENSHIP OF INVENTOR STATE OR FOREIGN COUNTRY United States RESIDENCE & Kansas Eudora CITIZENSHIP STATE OR COUNTRY TIP CODE R.R. #1, Box 71B 66025 POST OFFICE Kansas Eudora ADDRESS MIDDLE NAME FIRST NAME LAST NAME FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY CITIZE NSHIP STATE OR COUNTRY POST OFFICE ADDRESS CITY POST OFFICE I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 203 SIII 18. 1977 April 18, 1977 U. S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

FORM PTO-1294 (4-78)